

FAA EXTERNAL SPECIMEN CHAIN OF CUSTODY (COC FORM)

1. Victim Name: _____ Birth Date: _____ SS #: _____
 2. Accident Date: _____ Time: _____ Accident Location: _____

Specimen Transfer Documentation

	Released By	Release Date	Release Time	Received By
3.	a _____	b _____	c _____	d _____
4.	a _____	b _____	c _____	d _____
5.	a _____	b _____	c _____	d _____
6.	a _____	b _____	c _____	d _____
7.	a _____	b _____	c _____	d _____
8.	a _____	b _____	c _____	d _____
9.	a _____	b _____	c _____	d _____

10. Was black plastic bag sealed with **Evidence Tape** upon **final release**? ☐ Yes ☐ No

11. One box for the question on line 10 must be checked at final release, prior to shipping!!

-----Instructions-----

- A. Type or print the victim's name, birth date, SS #, accident date, and other known case identifying accident information on lines 1 and 2 above. Place all specimens in the black plastic bag, seal with evidence tape, and place in the TOX BOX.
- B. Record all information for "Specimen Transfer Documentation" on lines 3 through 9 above. Enter names as described below for full accounting of all sample handling. These signatures are crucial for the correct documentation of the Chain of Custody on this COC Form!!**
- C. The first person releasing specimens (e.g., Pathologist) will first type/print, and then **sign** his/her name under the "Released By" column on line 3a. This person will then note date and time of **release** on lines 3b and 3c, respectively.
- D. The first person **receiving** specimens (e.g., Lab Assistant) types/prints, and then **signs** name under the "Received By" column on line 3d. This person then **later** signs, upon release of specimens, under the "Released By" column on line 4a.
- E. All persons handling specimens should indicate receipt and release in the above manner.**
- F. If the TOX BOX, containing specimens in the sealed black bag, is placed into temporary storage, then person releasing box must note date / time of release to storage. This person should also note storage type (e.g., "Refrigerator") under "Received By" and "Released By". Person receiving box must note date / time of receipt from storage.
- G. Person ultimately releasing specimens to a carrier (e.g., Airborne, FedEx, etc.) **must** sign under "Released By," note date and time of **release** to carrier, and then write name of carrier **company** under "Received By" on the same line for which release is documented.
- H. After indicating which carrier is receiving the TOX BOX, the person carrying out final specimen release should confirm that the black plastic bag is sealed with evidence tape. Document this by checking the box on line 10 above.
- I. Place this completed **External Chain of Custody (COC Form)**, along with the Accident Information Form (Page #2), in TOX BOX along side the sealed bag. Seal the TOX BOX with black tape provided, and then give the box to carrier. See "Special Instructions" on Page #2.
- J. Carrier representative should NOT personally sign for receipt, or for release, of TOX BOX.**

-----For CAMI Use Only-----

Received in CAMI Room 210: _____

Received by _____ Date _____ Time _____
 Was Evidence sealed upon **receipt**? ☐ Yes ☐ No Inspected By: _____

CAMI Case #: _____

FAA Accident Information

1. Victim Name: _____ Birth Date: _____ SS #: _____
2. Accident Date: _____ Time: _____ Accident Location: _____
☐ Pilot ☐ Co-Pilot ☐ Driver ☐ Passenger ☐ Other: _____
3. Aircraft/Other Vehicle Make & Model: _____
4. Aircraft N#: _____ NTSB Accident #: _____
5. Accident Type: ☐ General Aviation ☐ Commercial Aviation ☐ Agricultural Aviation
☐ Highway ☐ Marine ☐ Rail ☐ Other: _____
6. Number of Fatalities: _____
7. Fire Status: ☐ Yes ☐ No ☐ Unknown Fire Status
8. ME Case Number _____ N/A ☐
9. Miscellaneous Information: _____

10. FAA Representative: _____ Phone: _____
11. NTSB Investigator: _____ Phone: _____

Medical Examiner/Coroner Information

12. Autopsy By: _____ Phone: _____
13. Does Medical Examiner/Coroner want a copy of the final Case report ? Yes ☐ No ☐
14. Form of report requested: electronic: ☐ paper: ☐ N/A ☐
15. Medical Examiner/Coroner e-mail address _____ N/A ☐
16. Mailing Address: _____ N/A ☐

-----Special-Instructions-----

1. This Accident Information form may also be faxed to CAMI. Our Fax # is 405-954-3705
2. For clarification of any items on Pages #1 or #2 of this form please call: 405-954-4866.
3. For the latest information update you may also reach the CAMI web site at the following URL: <http://www.cami.jccbi.gov>.
4. When you go to this web site you will reach the icon labeled "Aeromedical Research", click on this icon and you will be taken to the "Forensic Tox Research Team" icon.
5. From this icon click on "Tox Forms" and you will reach the command for printing these forms and all relevant instructions.

CAMI Case #: _____